

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>													
<p style="text-align: center;">Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;"><i>Complete if Known</i></th> </tr> </thead> <tbody> <tr> <td style="width: 30%; padding: 5px;">Application Number</td> <td style="padding: 5px;">09/500,601</td> </tr> <tr> <td style="padding: 5px;">Filing Date</td> <td style="padding: 5px;">February 8, 2000</td> </tr> <tr> <td style="padding: 5px;">First Named Inventor</td> <td style="padding: 5px;">David, Sancho</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit</td> <td style="padding: 5px;">3621</td> </tr> <tr> <td style="padding: 5px;">Examiner Name</td> <td style="padding: 5px;">Winter, John</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: -20px;">  <i>APR 15 2005</i> </p>		<i>Complete if Known</i>		Application Number	09/500,601	Filing Date	February 8, 2000	First Named Inventor	David, Sancho	Group Art Unit	3621	Examiner Name	Winter, John
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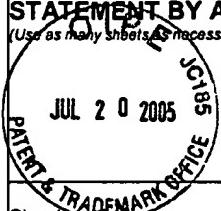
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